MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04002

4913

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fairmount
LENGTH OF STAY (in this place) 87 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Capt. (Middle) Ernest (Last) Cox

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 29, 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired oyster packer & farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairmount, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Cox.
14. MOTHER'S MAIDEN NAME: Caroline Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mr. Sherwood Cox Westover, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Cerebral hemorrhage	2 days
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Gen. arteriosclerosis DUE TO	10 years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of prostate		2 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1955, to 3/30, 1955, that I last saw the deceased alive on 3-30, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Robert F. Lewis M. D. ADDRESS Crisfield, Md. DATE SIGNED 4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 4-10-1955
NAME OF CEMETERY OR CREMATORY Muir Cemetery
LOCATION (City, town, or county) (State) Fairmount, Md.

DATE REC'D BY LOCAL REGISTRAR 4/9/55
REGISTRAR'S SIGNATURE R. L. Johnson M.D.
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04003

4014

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Ewell
LENGTH OF STAY (in this place): 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Smith Island

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ewell X
STREET ADDRESS (If rural give location): Smith Island /

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) JANE (Last) EVANS

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 22, 1872

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Tangier Island, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Dize

14. MOTHER'S MAIDEN NAME: Pothanna Eskridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John A. Evans--Ewell, Smith Island, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac decompensation	3 wks
DUE TO		
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Valvular insufficiency	many yrs.
DUE TO		
(260X)	(c) Arterio-sclerosis	10 yrs. +

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 yr.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from March, 1954, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Barbara Hunt	M.D.	Ewell, Md.	4/3/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	April 6, 1955	Ewell Cemetery	Ewell, Smith Island, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-6-55	Betty W. Tyler	Bradshaw & Sons	531 Main St.-Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04004

4915

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rehoboth Md
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED: (Type or Print) (First) KATE (Middle) E. (Last) GRAHAM

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Nov 4 1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months 6 Days 60 IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Duties
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL WEBSTER
14. MOTHER'S MAIDEN NAME: JULIA WEBSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Linwood Marvine - daug. Rehoboth Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Condition — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic myocarditis, Chronic DUE TO
(C) Int Nephritis — 7 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1951, to April 24, 1955, that I last saw the deceased alive on Apr. 24, 1955, and that death occurred at 8:00 P.M, from the causes and on the date stated above.
SIGNATURE AND ADDRESS OF M. D. Geo E Coulbourn Marion Sta. Md
DATE SIGNED April 25-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/26/55
NAME OF CEMETERY OR CREMATORY St. Johns M E Cemetery
LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REGISTRAR April 25, 1955
REGISTRAR'S SIGNATURE Nellie D. Rayne
24. FUNERAL DIRECTOR J W Webster
ADDRESS Deal Island Md

4016 04005

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
LENGTH OF STAY (in this place): minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Highway 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Pocomoke 23-42-2
STREET ADDRESS (If rural, give location): 713 Cedar St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) B. (Last) HANCOCK

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 17, 1874	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Captain (Sea)	Shipping	Maryland	USA

13. FATHER'S NAME: Major Whittington Hancock

14. MOTHER'S MAIDEN NAME: Sarah Jane Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No — None	213-22-7055	Pauline G. Hancock, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

825X

Immediate cause (a) Broken neck - crushed Chest right side — INTERVAL BETWEEN ONSET AND DEATH: 0

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Internal Hemorrhage - Fracture right forearm

DUE TO

(c) Fracture right leg -

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)	21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
	Highway 13	Westover R.F.D. Somerset Md	April 1 55 3:20 P.M.		Automobile Accident Highway 13.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: R. S. Johnson M. D. — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: April 4-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-4-55	Baptist Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/4/55	R. S. Johnson, M. D.	Henry H. Watson, Pocomoke, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04006

4017

CERTIFICATE OF DEATH

Reg. Dist. No. 360

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TOWN Manokin
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Sherfey (Last) Hood

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Oct. 18, 1888

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Washington, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Newman Hood

14. MOTHER'S MAIDEN NAME: Ida Farnsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) I

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Lucy Hood Manokin, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Myocardial Insufficiency	2 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Artery Heart Disease	3 yrs.
	DUE TO (C) Hypertension essential Rheumatic Heart Disease	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23/53, 19..., to 4/4/54, 19..., that I last saw the deceased alive on 4/2/55, 19..., and that death occurred at 7:30 A. M., from the causes and on the date stated above.

SIGNATURE David R. Gehman M. D. ADDRESS Salisbury Md DATE SIGNED April 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-7-1955

NAME OF CEMETERY OR CREMATORY Amawalk Cemetery

LOCATION (City, town, or county) (State) Amawalk, New York

DATE REC'D BY LOCAL REGISTRAR 4/5/55

REGISTRAR'S SIGNATURE K. V. Johnson, M.D.

24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04007

4918

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH.
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X R.F.D. Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cash Corner Section

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. Crisfield X
STREET ADDRESS (If rural give location) Cash Corner Section /

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) HORSEY

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: June 6, 1881

9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10B. KIND OF BUSINESS OR INDUSTRY. Self-employed

11. BIRTHPLACE (State or foreign country): R.F.D. Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Horsey

14. MOTHER'S MAIDEN NAME: Mary Jane Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Blanche D. Horsey--R.F.D. Crisfield, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X IMMEDIATE CAUSE (A) Ruptured Esophageal Varix — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO Metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Carcinoma of Bladder — 8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/3/54

19B. MAJOR FINDINGS OF OPERATION: Papillary Carcinoma of Bladder Grade III & IV

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16 , 1955, to 4/30 , 1955, that I last saw the deceased alive on 4/29 , 1955, and that death occurred at 9:30a. M, from the causes and on the date stated above.

SIGNATURE A. N. Barr, M.D. M. D. ADDRESS Crisfield Md. DATE SIGNED 5/2/55

23. BURIAL CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF May 2, 1955 | NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 5/2/55 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons-531 Main St.-Crisfield,Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04008

4019

CERTIFICATE OF DEATH

Reg. Dist. No. 26-1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Marumsco; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco X; STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) James (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955.

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Widowed

8. DATE OF BIRTH: April 13 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Manie Sta., Some. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Johnson

14. MOTHER'S MAIDEN NAME: Mary Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Helen Johnson — 1923 Madison St. Phila. Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-21-55

IMMEDIATE CAUSE (A) Coronary Disease

ANTECEDENT CAUSE (S) DUE TO (Occlusion)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from He was dead before that I last saw the deceased alive on I was called and that death occurred at 5300 M, from the causes and on the date stated above.

SIGNATURE W. H. Coulbourn M. D. ADDRESS Crisfield Md. DATE SIGNED Apr 22-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF April 23, 1955; NAME OF CEMETERY OR CREMATORY Asa John Wesley; LOCATION (City, town, or county) (State) Fort Norris, Cumberland, N.J.

DATE REC'D BY LOCAL REGISTRAR Apr. 22, 1955; REGISTRAR'S SIGNATURE Nellie D. Polyne

24. FUNERAL DIRECTOR Charles W. Ward; ADDRESS Marion Sta., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04009

4920

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH.
COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X ORIOLE
LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ORIOLE
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FREDERICK (Last) LANE

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 9/22/1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR

10B. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): SOMERSET COUNTY

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM LANE

14. MOTHER'S MAIDEN NAME. MARIA WATERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 157-07-4428

17. INFORMANT & ADDRESS. BESSIE LANE ORIOLE, MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
3 Tok IMMEDIATE CAUSE	(A) Paralysis Agitans	1954
ANTECEDENT CAUSE (S)	DUE TO	1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cholecystitis	15 mths

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22nd, 1954, to April 20 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 10:00 M, from the causes and on the date stated above.

SIGNATURE Elbert G. Marksman M. D. ADDRESS Princess Anne Md DATE SIGNED 4-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/24/55	ST JAMES	ORIOLE, MD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/22/55	R. V. Johnson, M.D.	William H. Jones Jr.	Princess Anne Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04010

CERTIFICATE OF DEATH

4010 Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Jacksonville Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) McGrath

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 21, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 4 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Home construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: L. Sidney McGrath

14. MOTHER'S MAIDEN NAME: Sarah E. Cox

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-16-3267

17. INFORMANT & ADDRESS: Mrs. Addie Mills McGrath, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of colon — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Apr. 22, 1955, that I last saw the deceased alive on Apr. 22, 1955, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED Apr. 24, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 25 1955

NAME OF CEMETERY OR CREMATORY Sunny Ridge

LOCATION (City, town, or county) Crisfield, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 4-25-55

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04011

CERTIFICATE OF DEATH

4021

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Asbury Ave, Crisfield 39

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Girl) (Last) Murray

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 30, 1955

9. AGE last birthday. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kevin Murray

14. MOTHER'S MAIDEN NAME: Mary Ellen Kerse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John K. Murray, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X (a) Prematurity — Interval Between Onset And Death: Few min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Premature Labor — 6 hrs.
(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1955, to 4/30, 1955, that I last saw the deceased alive on 4/30, 1955, and that death occurred at 10.20 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. R. Bar, M.D. Crisfield, Md. 5/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 2, 1955 NAME OF CEMETERY OR CREMATORY Calvary Cemetery LOCATION (City, town, or county) (State) Queens Co. Long Island, N.Y.

DATE RECD BY LOCAL REGISTRAR 5/1/55 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

2045266220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04012

4011

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooklyn, Crisfield

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 211 Main Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Ross (Last) Payne

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 3 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Tangier, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Payne

14. MOTHER'S MAIDEN NAME: Malinda Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 223-24-2643

17. INFORMANT & ADDRESS: Maggie E. Payne, Crisfield, Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural Cause Death

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at , from the causes and on the date stated above.

Was Dead when Drs Called

SIGNATURE (Degree or title) Wm H Coulbourn MD ADDRESS Crisfield Md DATE SIGNED 4.28.55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 30, 1955

NAME OF CEMETERY OR CREMATORY Sunny Ridge

LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-29-55

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward A. Covington ADDRESS Crisfield, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04013

CERTIFICATE OF DEATH

4022 Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Princess Anne
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne Md X
STREET ADDRESS (If rural give location) Church St. 1

3. NAME OF DECEASED: (Type or Print) (First) Omar (Middle) McKenday (Last) Scott

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: Feb 5 1883 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Waterman - Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Scott
14. MOTHER'S MAIDEN NAME: Lucy Gayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Margaret Scott Princess Anne

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
156.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis	1 hr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Chronic Myocarditis	2 yr.
	DUE TO (C) Cancer of Liver	1 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic Bronchitis	

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to Apr, 1955, that I last saw the deceased alive on Apr 1, 1955, and that death occurred at 9:10 A.M., from the causes and on the date stated above.
SIGNATURE B. Frank Gigante M. D. ADDRESS Princess Anne DATE SIGNED Apr 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 4, 1955
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) (State) Princess Anne Md

DATE REC'D BY LOCAL REGISTRAR 4/4/55
REGISTRAR'S SIGNATURE R. S. Johnson, M.D.
24. FUNERAL DIRECTOR James Dennison
ADDRESS Princess Anne Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4023

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04014

CERTIFICATE OF DEATH

Reg. Dist. No. 265

Item c, FilmG180 4-21-55 e t

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD
LENGTH OF STAY (in this place) 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCREADY MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA COUNTY PHILA.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PHILA 75X3
STREET ADDRESS (If rural give location) 5306 BERKS ST.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) S (Last) ORKEN

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 7-15-1881

9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY: SHIPBUILDING

11. BIRTHPLACE (State or foreign country): RUSSIA (FOREIGN)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANK SORKEN

14. MOTHER'S MAIDEN NAME: GOLDIE LEVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: CAPT. B L SORKEN CRISFIELD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Carcinoma prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 years +

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4-3-55

19B. MAJOR FINDINGS OF OPERATION: Prolapse of rectum, Metastasis of malignancy to bladder & adjacent structures

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955, to 4-8, 1955, that I last saw the deceased alive on 4-8, 1955, and that death occurred at 5:30 P M, from the causes and on the date stated above.

SIGNATURE C. E. Rumley M. D. ADDRESS Crisfield Md DATE SIGNED 4-9-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 4-10 55 — NAME OF CEMETERY OR CREMATORY MT SHARON — LOCATION (City, town, or county) (State) SPRINGFIELD PA

DATE REC'D BY LOCAL REGISTRAR 4/9/55 — REGISTRAR'S SIGNATURE Betty W. Tyler — 24. FUNERAL DIRECTOR Jacob Rosen & Son — ADDRESS 423 Pine

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04015

4012

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 327 Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 327 Chesapeake Ave

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Willard (Last) Walston, 3rd

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: July 23, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 9 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Willard Walston, Jr.

14. MOTHER'S MAIDEN NAME: Irene Riggin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Walter W. Walston, Jr. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.0

Immediate cause (a) accident Piano fell over on him

DUE TO (b) Fractured Skull, Crushed Chest, Internal injury and

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Spinal Injury

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office building, etc.): Home

CITY OR TOWN: Crisfield (COUNTY): Somerset (STATE): Md

TIME OF INJURY (Month) Apr (Day) 26 (Hour) m 5:30

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? Piano turned over & Mashed him

22. I hereby certify that I attended the deceased from ..... ,19 ..... , to ..... , 19 ..... , that I last saw the deceased alive on ..... , 19 ..... , and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm H Coulbourn M.D. ADDRESS: Crisfield Md DATE SIGNED: 4-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 28, 1955

NAME OF CEMETERY OR CREMATORY: Sunny Ridge

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 4-28-55

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durward Q. Covington, Crisfield, Md.

ADDRESS

VS. A15

4224

04016
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover R.F.D. Rural
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Venton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Lena (Middle) B. (Last) White (Jones)
4. DATE OF DEATH (Month) April (Day) 1 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4-1934
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Packing Plant
10b. KIND OF BUSINESS OR INDUSTRY: Chicken Canning
11. BIRTHPLACE (State or foreign country): Venton
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charley Jones
14. MOTHER'S MAIDEN NAME: Elsie Byrd.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Linwood White Venton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
981X
Immediate cause (a) Dead when I saw her Death
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Due to that gun Wound left Chest
DUE TO
(c) Over heart

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Woods
21c. (City or town) Westover R.F.D. (County) Somerset (State) Md
21d. TIME OF INJURY (Month) April (Day) 1-55 (Year) (Hour) 5:00 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Shot by her ex friend -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE R.H. Johnson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED April 4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 5, 1955
NAME OF CEMETERY OR CREMATORY Grace M. E.
LOCATION (City, town, or county) (State) Venton, Somerset Co. Md.
DATE REC'D BY LOCAL REG. 4/4/55
REGISTRAR'S SIGNATURE R. H. Johnson, M. D.
24. FUNERAL DIRECTOR Charles H. Ford - Marion Sta., Md.
ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04017

4125 **CERTIFICATE OF DEATH** Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mt Vernon
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Mt. Vernon

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon X
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) J. (Last) Wilson

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Dec 2 1871 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Hopkins | 14. MOTHER'S MAIDEN NAME: Henerette Taylor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: James Wilson Salisbury Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 hr

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arteriosclerosis — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1955 to 12/10, 1955 that I last saw the deceased alive on 12-10 1955 and that death occurred at 9P M, from the causes and on the date stated above.

SIGNATURE Leo M Dunn | ADDRESS M. D. Princess Anne Md | DATE SIGNED 4-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 4/10/55 | NAME OF CEMETERY OR CREMATORY Asbury Cemetery | LOCATION (City, town, or county) Mt Vernon (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/9/55 | REGISTRAR'S SIGNATURE R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR — ADDRESS James Denman Princess Anne, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53